

L21000120350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

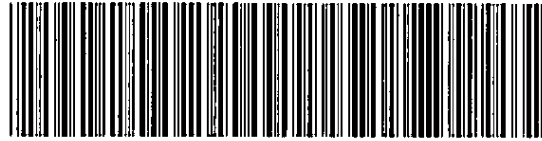
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2024 FEB -9 AM 9:49
STATE
TALLAHASSEE, FL

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2024 FEB -9 PM 3:12
TALLAHASSEE, FLORIDA

R. HUNT
02/09/24

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 2/9/2024

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1227017

ORDER ENTITY
SIYAM HEALTHCARE, PLLC

PLEASE PERFORM THE FOLLOWING SERVICES:

SIYAM HEALTHCARE, PLLC (FL)

File the attached dissolution document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM" or similar initials.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

2024 FEB 9 AM 9:49
STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Siyam Healthcare, PLLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Danks

(Name of Person)

Dinsmore & Shohl LLP

(Firm/Company)

6 PPG Place, Suite 1300

(Address)

Pittsburgh, Pennsylvania 15222

(City/State and Zip Code)

2011-03-09 AM 9:49
STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Jason Danks

(Name of Person)

412

230-8994

at ()

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Siyam Healthcare, PLLC

2. The Articles of Organization were filed on March 15, 2021 and assigned

document number L21000120350

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

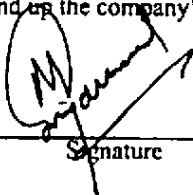
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

The company is being voluntarily dissolved at the direction of the sole member.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: _____

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:


Signature

Munaf Siyamwala

Printed Name

FILING FEE: \$25.00